

FORM D



OMB APPROVAL

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DATE RECEIVED

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

**UNITED STATES** 

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  STEP TWO, LLC	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506  Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	PROCESSED
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  STEP TWO, LLC	JUL 07 2003 THOMSON
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o 20th Century Fox, 10201 West Pico Boulevard, Building 31, Room 303, Los Angeles, California 90035	Telephone Number (Including Area Code) (310) 656-9457
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business REAL ESTATE INVESTMENT	
Type of Business Organization  corporation limited partnership, already formed business trust limited partnership, to be formed other	· (please specify): LIMITED LIABILITY COMPANY
Actual or Estimated Date of Incorporation or Organization:    Month   Year	Actual Estimated tate:
CENED AT INCODUCTIONS	

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Executive Officer Check Box(es) that Apply: Director General and/or Managing Partner Full Name (Last name first, if individual) ZAK PENN Business or Residence Address (Number and Street, City, State, Zip Code) c/o 20th Century Fox, 10201 West Pico Boulevard, Building 31, Room 303, Los Angeles, California 90035 Executive Officer Director Promoter Beneficial Owner General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) **Executive Officer** Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner **Executive Officer** Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) **Executive Officer** Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) **Executive Officer** Director Check Box(es) that Apply: Beneficial Owner General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:	Promoter .	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and Street	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and Street	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and Street	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)	•		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and Stre	et City State Zin Code)			

		produce of the second		<b>B.</b>	INFOR	MATION	ABOUT OF	FERING				
1. Has th	e issuer sold,	or does the is		o sell, to no	n-accredited	investors in t	his offering?				Yes ⊠	No
					• •	•		inder ULOE.			_	
2. What is the minimum investment that will be accepted from any individual?							\$	50,000.00				
3. Does t	Does the offering permit joint ownership of a single unit?								Yes	No ⊠		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
`	Last name fir	st, if individu	ıal)									
N/A	Residence Ac	draga (Mum)	and Street	City State	Zin Coda)							
Business of	Residence Ad	iaiess (iamin	Del and Street	i, City, State	, Zip Code)				٠			
Name of As	sociated Brok	er or Dealer			-						,	
States in Wh	nich Person L	isted Has Sol	icited or Inte	nds to Solic	it Purchasers							
(Check "All States" or check individuals States)						All States						
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (	Last name fir	st, if individu	ıal)									
Business or	Residence A	idress (Numl	per and Stree	t, City, State	, Zip Code)							
Name of As	sociated Brok	er or Dealer	<u></u>									
States in Wi	nich Person L	isted Has So	licited or Inte	nds to Solic	it Purchasers							
(Check "All States" or check individuals States)							☐ A1	1 States				
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
			(Use t	lank sheet,	or copy and i	se additiona	1 copies of th	is sheet, as n	ecessary)			

[Click Here and choose Add Section B Page button from Toolbar to add more names or Click and press DEL.]

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$0
	Equity	\$0	\$0
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify <u>— MEMBERSHIP INTERESTS IN LLC</u> )	\$1,400,000.00	\$1,400,000.00
	Total	\$1,400,000.00	\$1,400,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchase
	Accredited investors	4	\$ <u>1,400,000.00</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	0	\$0
	Regulation A	0	\$0
	Rule 504	0	\$0
	Total	0	\$0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	— ⊠	\$ 30,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Salas Commissions (specify finders) fees separately)		

	Other Expenses (identify)				\$		
	Total		<i></i>	$\boxtimes$	\$30,000.00		
	C. OFFERING P	RICE, NUMBER OF INVESTORS, EXPENSES A	ND USE OF PROC	EEDS			
	total expenses furnished in response to Part C -	offering price given in response to Part C - Question 1 - Question 4.a. This difference is the "adjusted gross	,		\$ <u>1,370,000.00</u>		
5.	5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.						
			Payments Officers, Dire Affiliate	ctors &	Payments To Others		
	Salaries and fees		🗆 \$	<del></del>	<b>\$</b>		
	Purchase of real estate		🗆 \$		<b>∑</b> \$ <u>1,370,000.00</u>		
	Purchase, rental or leasing and installation of r	nachinery and equipment			☐ \$ <u>·</u>		
	Construction or leasing of plant buildings and	facilities	🗆 \$		<b></b> \$		
	Acquisition of other businesses (including the used in exchange for the assets or securities of	ne 		□ \$			
	Repayment of indebtedness				□ s		
	Working capital	Working capital         \$					
	Other (specify):						
	Column Totals		🗆 \$		<b>∑</b> \$ <u>1,370,000.00</u>		
	Total Payments Listed (column totals add	yments Listed (column totals added)					
_		D. FEDERAL SIGNATURE		**************************************			
und		ne undersigned duly authorized person. If this notice is fill and Exchange Commission, upon written request of its see 502.		following	signature constitutes an		
Issı	uer (Print or Type)	Signature	Date	<u> </u>			
	EP TWO, LLC.	19/5/	JUNE 27, 2003				
Nai	me of Signer (Print or Type)	Title of Signer (Print or Type)			1 - 1		
ZA	K PENN	MANAGER		···			
	Intentional Misstatements or 0	Omissions of Fact Constitute Federal Criminal Vio	lations. (See 18. U.	S.C. 100	1.)		